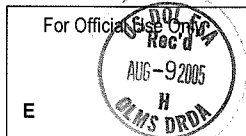


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |   |
|---|---|
| 1. File Number U - <u>50A</u>   | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>  |
| 3. Name and address of person filing.<br>Name <u>Flora</u> <u>Stamatiades</u><br>P.O. Box, Bldg., Room No., if any<br>Street <u>c/o AEA, 165 West 46 Street</u><br>City <u>New York</u><br>State <u>New York</u> ZIP Code + 4 <u>10036-2598</u> | 4. Name, file number, and address of labor organization.<br>Name <u>Actors' Equity Association</u><br>Labor Organization File Number <u>006-029</u><br>P.O. Box, Building and Room Number, if any<br>Street <u>165 West 46 Street</u><br>City <u>New York</u><br>State <u>New York</u> ZIP Code + 4 <u>10036-2598</u> |
| 5. Position in labor organization. <u>Nat'l Dir, Org. and Spec. Proj.</u>   |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|   |   |
|---|---|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  |   |
| 6. Name and address of Employer (including trade name, if any).<br>Name <u>Rosie O'Donnell</u><br>Trade Name, if any: <u>TABOO NY LLC, c/o One Canvas Prod.</u><br>P.O. Box, Bldg., Room No., if any <u>Suite 4334</u><br>Street <u>30 Rockefeller Plaza</u><br>City <u>New York</u><br>State <u>New York</u> ZIP Code + 4 <u>10112</u> | 7.a. Nature of Interest, Transaction, or Income.<br><u>In the execution of my duties for Actors' Equity Association, I recieved two complimentary tickets to the Broadway show TABOO.</u><br>7.b. Amount.<br><u>\$200</u> |

Signature

|  |   |
|--|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |   |
| Signed <u>[Signature]</u>  | On <u>9/3/05</u> <u>212-864-8550</u><br>Date Telephone Number |

|  |                       |
|--|-----------------------|
| Name of Person Filing <b>Flora Stamatiades</b> | File Number <b>U-</b> |
|--|-----------------------|

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|   |  |
|---|--|
| <b>8. Name and address of Business (including trade name, if any).</b><br>Name <input type="text"/><br>Trade Name, if any: <input type="text"/><br>P.O. Box, Bldg., Room No., if any <input type="text"/><br>Street <input type="text"/><br>City <input type="text"/><br>State <input type="text"/> ZIP Code + 4 <input type="text"/> | <b>9. Business deals with:</b><br><input type="checkbox"/> a. Labor Organization<br><input type="checkbox"/> b. Trust<br><input type="checkbox"/> c. Employer  |
| <b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b><br>Name <input type="text"/><br>Trade Name, if any: <input type="text"/><br>P.O. Box, Bldg., Room No., if any <input type="text"/><br>Street <input type="text"/><br>City <input type="text"/><br>State <input type="text"/> ZIP Code + 4 <input type="text"/>   | <b>11.a. Nature of such dealing.</b><br>None.<br><input type="text"/><br><b>11.b. Approximate dollar value of such dealing.</b> <input type="text"/> \$0<br><b>12.a. Nature of interest held or income received.</b><br>None.<br><input type="text"/><br><b>12.b. Amount.</b> <input type="text"/> \$0 |

|  |  |
|--|--|
| <b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  |  |
| <b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b><br>Name <input type="text"/><br>Trade Name, if any: <input type="text"/><br>P.O. Box, Bldg., Room No., if any <input type="text"/><br>Street <input type="text"/><br>City <input type="text"/><br>State <input type="text"/> ZIP Code + 4 <input type="text"/> | <b>14.a. Nature of payment.</b><br>None.<br><input type="text"/> |
| <b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>   | <b>14.b. Amount of payment.</b> <input type="text"/> \$0         |

## Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name Jay S. Harris

Trade Name, if any: Weissberger Theatre Group

P.O. Box, Bldg., Room No., if any

Street 909 Third Avenue

City New York

State New York

ZIP Code + 4 10021

## 7.a. Nature of Interest, Transaction, or Income.

In the execution of my duties for Actors' Equity Association, I recieved two complimentary tickets to the Broadway show NEVER GONNA DANCE.

## 7.b. Amount.

\$200

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name Roger Berlind

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10 East 53rd Street, 30th Floor

City New York

State New York

ZIP Code + 4 10022

## 7.a. Nature of Interest, Transaction, or Income.

In the execution of my duties for Actors' Equity Association, I recieved two complimentary tickets to the Broadway show ANNA IN THE TROPICS.

## 7.b. Amount.

\$200

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6. Name and address of Employer (including trade name if any).

Name Hal Luftig

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 111 West 17th Street #2C

City New York

State New York

ZIP Code + 4 10011

## 7.a. Nature of Interest, Transaction, or Income.

In the execution of my duties for Actors' Equity Association, I recieved two complimentary tickets to the Broadway show WHOOP! ON BROADWAY.

## 7.b. Amount.

\$200